		FL-150		
ATTORNEY OR PAR	RTY WITHOUT ATTORNEY (Name, State Ber humber, and haddress):	FOR COURT USE ONLY		
TELEPHO				
E-MAIL ADDRESS (K				
	URT OF CALIFORNIA, COUNTY OF	_		
STREET AD		·		
MAILING AD				
CITY AND ZIF	CODE:			
BRANCH	NAME:			
	R/PLAINTIFF:			
RESPONDENT/				
OTHER PAREN	T/CLAIMANT:	OARE NUMBER.		
	INCOME AND EXPENSE DECLARATION	CASE NUMBER:		
1. Employme	nt (Givetinformation@ntyour@urrenttjobt@r,tiftyou'retunemployed,tyour@nos	ttiecentliob.)		
	a. Employer:			
Attach copies	b. Employer's address:			
of your pay	c. Employer's phone number:			
stubs for last two months	d. Occupation:			
(black out	e. Date job started:			
social	f. If unemployed, date job ended:			
security numbers).	g. I work about hours per week.			
	h. I get paid \$ gross (before taxes) per month	per week per hour.		
	ore than one job, attach an $8\frac{1}{2}$ -by-11-inch sheet of paper and list the s Question 1—Other Jobs" at the top.)	ame information as above for your other		
2. Age and e	ducation			
_	is (specify):			
• •		nighest grade completed((specify):		
c. Number of years of college completed (specify):				
	•	(s) obtained (specify):		
e. I have:				
	vocational training (specify):			
3. Tax inform	ation			
	last filed taxes for tax year (specify@ear):			
		iling separately		
<u> </u>	narried, filing jointly with (specify@ame):			
C. I file sta	ate tax returns in California other (specify state):			
d. I claim	the following number of exemptions (including myself) on my taxes (specify,):		
	y's income. I estimate the gross monthly income (before taxes) of the othe te is based on (explain):	r party in this case at (specify): \$		
, •	nore space to answer any questions on this form, attach an 8½-by-11-i	nch sheet of paper and write the		
	penalty of perjury under the laws of the State of California that the informat ts is true and correct.	tion contained on all pages of this form and		
Date:	\			
	(TVDE OR PRINT NAME)	(SIGNATURE OF DECLARANT)		

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	PETITIONER/PLAINTIFF:	CASE NUMBER:		
_	ESPONDENT/DEFENDANT:			
	THER PARENT/CLAIMANT:			
Atta tax	ach copies of your pay stubs for the last two months and proof of any other inco return to the court hearing. <i>(Black out your social security number on the pay st</i>	me. Take a copy of ub and tax return.)	your latest f	ederal
5.	Income (For@verage@monthly,@dd@p@ll@he@ncome@ou@eceived@n@ach@ategory@nand@lvide@he@otal@yd12.)		Last month	
	a. Salary or wages (gross, before taxes)			
	b. Overtime (gross, before taxes)	<i></i>	S	
	c. Commissions or bonuses	•		
	d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving .			
	e. Spousal support from this marriage from a different marriage			
	f. Partner support from this domestic partnership from a different d			
	g. Pension/retirement fund payments			
	h. Social security retirement (not SSI)		<u> </u>	
	i. Disability: Social security (not SSI) State disability (SDI)			
	j. Unemployment compensation			
	k. Workers' compensation			
	I. Other (military BAQ, royalty payments, etc.) (specify):			
6.	Investment income (Attachlascheduleshowing@ross@eceipts@ess@ashlexpenses@	br@achtpiece@ftprop	erty.)	
	a. Dividends/interest			
	b. Rental property income		<u> </u>	
	d. Other (specify): III Committee of the		.	
7.	Income from self-employment, after business expenses for all businesses I am the owner/sole proprietor business partner other (specify): Name of business (specify): Type of business (specify):	\$ cify):	;	
	Attach a profit and loss statement for the last two years or a Schedule C from y social security number. If you have more than one business, provide the inform	our last federal tax of mation above for each	return. Blac ch of your bi	k out your usinesses.
8.	Additional income. I received one-time money (lottery winnings, inheritance, amount):	etc.) in the last 12 mo	nths (specify	ßource@nd□
9.	Change in income. My financial situation has changed significantly over the la	ast 12 months becaus	e (specify):	
10.	Deductions			Last month
	a. Required union dues			\$
	b. Required retirement payments (not social security, FICA, 401(k), or IRA)			
	c. Medical, hospital, dental, and other health insurance premiums (total@nonthly@amo			
	d. Child support that I pay for children from other relationships			
	e. Spousal support that I pay by court order from a different marriage			\$
	f. Partner support that I pay by court order from a different domestic partnership g. Necessary job-related expenses not reimbursed by my employer (attach@xplanat	 ion∏aheled™Ouestion		\$
	g. Necessary job-related expenses not reimbursed by my employer (attaches/planat	One Delical Account	a og jamma	Ψ
11.	Assets			Total
	a. Cash and checking accounts, savings, credit union, money market, and other dep	osit accounts	• • • • • • • • • • • • • • • • • • • •	\$
	b. Stocks, bonds, and other assets could easily sell			
	c All other property real and personal (estimate fair@market@alu	e@ninus@he@debts@ou	ıtowe}	S

							FL-150
	PETITIONER/PLAINTIFF:				CASE NUMBER:		
	PONDENT/DEFENDANT:						
ОТН	IER PARENT/CLAIMANT:						
12. T	he following people live with me:						
Γ			How the person is		rson's gross	Pays some o	
	Name	Age	related to me? (ex:@on)	monthly	income	household ex	penses?
	a.					Yes	No l
	b.					Yes	No
	с.					Yes [No
	d.					Yes [No
	е.					Yes	No
13. A	verage monthly expenses	☐ Estimat	ed expenses Actu	al expens	ses Drop	osed needs	
	Home:		•	-	aning		
	(1) Rent or mortgag	ıe \$: 01-41				
	If mortgage:	,		ionШШШ		. \$	•
	(a) average principal: \$		k. Enterta	inment, g	ifts, and vacation	1 \$ -	<u> </u>
	(b) average interest: \$		I. Auto ex	rpenses a	and transportation	1	
	(2) Real property taxes	\$	(insura	nce, gas,	repairs, bus, etc.	.)\$.	
	(3) Homeowner's or renter's insurar		m, Insuran		ccident, etc.; do		
	(if not included above)	\$			me, or health inst	•	
	(4) Maintenance and repair	\$	_		estments	-	
b.	Health-care costs not paid by insura	nce\$			ibutions Its listed in item 1	•	
C.	Child care	\$	(itemize		id 4@and@nsert@o		
d.			- Other /	specify):[
e.	- u						
f.	Utilities (gas, electric, water, trash) .		r. IOIAI		SES (a–q) (doībo a(1)(a)[andīļb))		
g.			<u> </u>			<u>·</u>	
y.	receptions, can phone, and o-mail.		s. Amou	nt of exp	enses paid by o	thers \$	
14. <u>Ir</u>	nstallment payments and debts not I	isted above	9				·
<u> F</u>	Paid to	For		nount	Balance	Date of I	ast payment
_			\$		\$		
L			\$		\$	<u> </u>	
L			\$		\$		
_			\$		\$		
_			\$	•	\$		
L			\$		\$		
45 4	44	Shouts Classica	unating attarnay (face)				
	attorney fees (Thististiequiredtifteither			e			
	 To date, I have paid my attorney this The source of this money was (specified) 		i loco anu cuoto (spechy).	Ψ			
c	. I still owe the following fees and cos	ts to my atto	orney (specifyttotal@wed):	\$			
d	. My attorney's hourly rate is (specify)): [[\$					
I confi	irm this fee arrangement.						
Date:	•						
							<u> </u>
	(TYPE OR PRINT NAME OF ATTORNEY)				(SIGNATURE OF ATT	ORNEY)	

	PETITIONER/PLAINTIFF:	CASE NUMBER:				
RE	SPONDENT/DEFENDANT:					
0	THER PARENT/CLAIMANT:					
	CHILD SUPPORT INFORMATION (NOTE: Fill out this page only if your case involve	s child support.)				
16.	Number of children a. I have (specify@umber):@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@					
17.	Children's health-care expenses a i do I do not have health insurance available to me for the b. Name of insurance company: c. Address of insurance company:	e children through my job.				
	d. The monthly cost for the children's health insurance is or would be (specify) (Domot@nclude@hetamount@ourtemployer@ays.)	::\$				
18.	Additional expenses for the children in this case a. Child care so I can work or get job training b. Children's health care not covered by insurance c. Travel expenses for visitation	Amount per month \$ \$ \$				
19.	Special hardships. I ask the court to consider the following special financial circ (attach@ocumentation@ftany@tem@sted@tere,@ncluding@ourt@rders): a. Extraordinary health expenses not included in 18b	sumstances Amount per month \$ \$ \$	how many months?			
	(3) Child support I receive for those children The expenses listed in a, b, and c create an extreme financial hardship because	\$(explain):				
20.	Other information I want the court to know concerning support in my case	(specify):	·			

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